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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: THE BISON COURIER		2. DATE: 09/15/2021
3. FREQUENCY OF ISSUE: WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $44 in area/$49 out

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO BOX 429; BISON, SD 57620-0429

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
RAVELLETTE PUBLICATIONS, INC.; PO BOX 788; PHILIP, SD 57567

6. FULL NAME OF PUBLISHER: DONALD J RAVELLETTE

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
DONALD J RAVELLETTE (100%)	PO BOX 633; PHILIP, SD 57567

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
NONE

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	766	767
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	166	174
2. Mail Subscription (Paid and or requested)	450	430
3. Paid Electronic Copies	16	17
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	632	621
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	32	33
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	664	654
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	89	103
2. Return from News Agents	13	10
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	766	767

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Donald Ravellette
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Haakon)

Sworn to before me this 15 day of Sept, 20 21

Jolene Haynes
Notary Public

My commission expires: 4.3.2027

(Seal)

Form: SOS REC 051 9/2016